



Office of Institutional Effectiveness

Seattle Central College
Request to Apply for External Funding
*Please refer to the [Instructions](#) on the Seattle Central College Grants Office website.
 For questions, please contact Stephanie Wong, Director of Grants and Strategic Initiatives,
Stephanie.Wong@seattlecolleges.edu.*

To this form, please **attach**:

- Draft project proposal
- Draft budget
- [Project Director Agreement](#)
- [Request to Waive Indirect Costs](#), if applicable
Refer to SCD [Procedure 670, Appendix E](#), for Indirect Cost rates that should be charged.

Name of Project Director/Primary Investigator (PI):	
Phone:	Email:
Department:	Is the grant District-wide? <input type="checkbox"/> Yes <input type="checkbox"/> No
Summary Information	
Project Name:	
Official Program/Grant Name: (if different than above)	
Funder:	
Type of Funding: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Private <input type="checkbox"/> Other:	
Deadline for Submission:	Amount Requested:
Are Indirect Costs allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes , % of Indirect Allowed:	Amount of Indirect Requested:

Project budgets should include the maximum amount of Indirect Costs allowed; refer to SCD [Procedure 670, Appendix E](#), for Indirect Cost rates that should be charged. If the Indirect Costs requested are less than the allowed amount, attach the [Request to Waive Indirect Costs](#) to this form.

Grant Start Date:	Grant End Date:
<input type="checkbox"/> New Grant <i>or</i> <input type="checkbox"/> Renewal Grant	Match Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the Foundation act as the fiscal lead? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will FTEs be generated? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , # of FTEs generated:
Key Partners: List all project partners, if any. If Seattle Central is the only entity, these fields may be left blank.	
Lead: _____	
Sub-grantee(s): _____	
Other: _____	

Project Summary: Describe the project and include the work for which Seattle Central would be responsible; include details of Seattle Central's specific role (i.e., Lead, Sub-grantee, etc.) in the project.

Project Outcomes:

How is the project aligned with Seattle Central's [Operational Plan](#)?

Potential Impact of the Grant

- Check each area that may be impacted by the grant and provide a brief explanation of the impact.
- Contact each checked area to discuss your needs and take their feedback into account in preparing your proposal.

Considerations. For each area/office, ask yourself whether writing and/or implementing the grant will (1) Have a potential impact on the area/office? and/or (2) Require support/collaboration from the area/office? If the answer to either of these questions is "Yes" or "Probably," check the area and provide an explanation of the impact.

Area	Impacted?	Explanation of Impact:
Administrative Services		
Bookstore	<input type="checkbox"/>	
Business Office	<input type="checkbox"/>	
Cashiering	<input type="checkbox"/>	
Facilities	<input type="checkbox"/>	
Food Services	<input type="checkbox"/>	
IT Services	<input type="checkbox"/>	
Security	<input type="checkbox"/>	
Institutional Effectiveness		
Institutional Research	<input type="checkbox"/>	
Grants Office	<input type="checkbox"/>	
Instruction		
Course Scheduling	<input type="checkbox"/>	
Continuing Education	<input type="checkbox"/>	
eLearning	<input type="checkbox"/>	
Divisions (STEM-B/AHSS/HHS/ BTS/Culinary/Nursing)	<input type="checkbox"/>	
Library	<input type="checkbox"/>	
Workforce Education	<input type="checkbox"/>	
President's Office		
Communications & Marketing	<input type="checkbox"/>	

Human Resources	<input type="checkbox"/>	
Strategic Partnerships	<input type="checkbox"/>	
Satellite Campuses		
Health Education Center	<input type="checkbox"/>	
Seattle Maritime Academy	<input type="checkbox"/>	
Seattle Vocational Institute	<input type="checkbox"/>	
Wood Technology Center	<input type="checkbox"/>	
Student Services		
Advising	<input type="checkbox"/>	
Career Center	<input type="checkbox"/>	
College Success/STARS	<input type="checkbox"/>	
Co-Op Ed/Service Learning	<input type="checkbox"/>	
Counseling	<input type="checkbox"/>	
Disability Support	<input type="checkbox"/>	
Enrollment Services	<input type="checkbox"/>	
Financial Aid	<input type="checkbox"/>	
Outreach	<input type="checkbox"/>	
Student Leadership	<input type="checkbox"/>	
Student Support Programs	<input type="checkbox"/>	
Testing Center	<input type="checkbox"/>	
TRiO	<input type="checkbox"/>	
Tutoring	<input type="checkbox"/>	
Signatures: Project Director/Primary Investigator (PI) and Dean		
My signature confirms that:		
<ol style="list-style-type: none"> 1) This project meets a need in my division and/or takes advantage of an opportunity that is aligned with Seattle Central's Strategic Plan. 2) I have thoroughly reviewed and approved the proposed budget, project design, and outcomes. 3) My department has the capacity to implement this project, and assumes responsibility for compliance with the grant terms and conditions, financial management of the grant or contract, and fulfillment of project deliverables. 4) Either the Dean or Project Director have consulted with the departments checked in the chart above about how the grant will impact their work. The proposed project takes into consideration their comments. 5) I recommend to the Vice Presidents and the President that we move forward in the application process. 		
Project Director/PI Name: _____		
Signature: _____	Date: _____	
Dean Name: _____		
Signature: _____	Date: _____	

Submit this form to the Grants Office at least 2 weeks before the submission deadline.

Request to Apply for External Funding - Signature Pages

Summary Information

Project Name:

Funder:

Deadline for Submission:

Signature: Grants Office

Director of Grants Name: Stephanie Wong

Signature:

Date:

Approve

Do Not Approve (Please explain below in Comments)

Comments:

Signature: Institutional Effectiveness

Executive Director of Institutional Effectiveness Name: Naina Eshwar

Signature:

Date:

Approve

Do Not Approve (Please explain below in Comments)

Comments:

Signature: Business Office

My signature confirms:

- 1) Determination that the budget is reasonable with verification that all costs, including indirect costs, are provided in the grant proposal.
- 2) Verification that budgeted line items are allowable within the policies of the District, the grantor, or the Washington State Office of Financial Management.

Director of Business Operations Name: Dennis Yasukochi

Signature:

Date:

Approve

Do Not Approve (Please explain below in Comments)

Comments:

Signature: Vice President of Instruction	
<i>Complete ONLY when Instruction is the Sponsoring Division.</i>	
My signature confirms: 1) Determination that this program or service supports Seattle Central's mission and/or strategic plan. 2) Approval that this program or service meets all instructional regulations and directives. 3) Understanding of the financial commitment of the institution.	
Vice President of Instruction Name: Bradley Lane	
Signature:	Date:
<input type="checkbox"/> Approve	<input type="checkbox"/> Do Not Approve (Please explain below in Comments)
Comments:	

Signature: Vice President of Student Services	
<i>Complete ONLY when Student Services is the Sponsoring Division.</i>	
My signature confirms: 1) Determination that this program or service supports Seattle Central's mission and/or strategic plan. 2) Approval that this program or service meets all student services regulations and directives. 3) Understanding of the financial commitment of the institution.	
Vice President of Student Services Name: Yoshiko Harden	
Signature:	Date:
<input type="checkbox"/> Approve	<input type="checkbox"/> Do Not Approve (Please explain below in Comments)
Comments:	

Signature: Vice President of Administrative Services	
My signature confirms:	
1) Knowledge of the liability and financial commitments and risks associated with the program. 2) Understanding of administrative support to be provided to the Project Director/PI. 3) Responsibility for invoicing and coordinating all financial transactions with the District Office.	
Vice President of Administrative Services Name: Bruce Riveland	
Signature:	Date:
<input type="checkbox"/> Approve	<input type="checkbox"/> Do Not Approve (Please explain below in Comments)
Comments:	
Signature: President	
My signature confirms that:	
1) The Grants Office is authorized to submit this grant proposal to the funding source on behalf of the college. 2) If the proposal is funded, the college agrees to accept these funds and fulfill the commitments described in the grant proposal.	
President Name: Sheila Edwards Lange	
Signature:	Date:
<input type="checkbox"/> Approve	<input type="checkbox"/> Do Not Approve (Please explain below in Comments)
Comments:	

Once approved, the Project Director/PI must coordinate submission of the grant proposal with the Grants Office. For questions, please contact Stephanie Wong, Director of Grants and Strategic Initiatives, Stephanie.Wong@seattlecolleges.edu.